**I would like to be on the Airport Response Team**

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| **APPLICATION** |
| **Name:** Click here to enter text. | **Title:** Click here to enter text. |
| **Division:** Click here to enter text. |   |
| **Work location (i.e. Skyview, Admin East, etc.):**  Click here to enter text. |
| **Regular work shift:** Choose an item. |  |
| **Work email:**  Click here to enter text. | **Personal email:**  Click here to enter text. |
| **Work office phone with area code:** Click here to enter text. |   |
| **Work cell phone with area code:** Click here to enter text. |
| **Personal cell phone with area code**: Click here to enter text. |
| **Home phone with area code:** Click here to enter text. |
| **What City do you live in?** Click here to enter text. |
| **How many miles is your home from LAX?**  Click here to enter text. |
| **Do you speak other languages?** [ ] Yes [ ] No | **If so, please list**:Click here to enter text. |
| **Do you know sign language?**  [ ] Yes [ ] No  |  |
| **Do you have immediate access to a City vehicle?** [ ] Yes[ ]  No |
| **Do you have any concerns about standing or walking for long periods of time?** [ ] Yes [ ] No |
| **Have you received Community Emergency Response Team (CERT) training?**  [ ] Yes [ ] No |
| **I am offering to be a Zone or Team Lead:** [ ] Yes [ ]  No | **I prefer to work in:**  Choose an item. |
| **BADGE INFORMATION**  |
| **What color is your badge?** Click here to enter text. | **Do you have an escort icon?** [ ] Yes [ ] No |
| **Do you have a Customs icon?** [ ] Yes [ ] No |   |
| **Do you have an Air Traffic Control Icon?** [ ] Yes [ ] No |  |
| **EXPERIENCE**  |
| **On a scale of 1 to 10 (10 being extremely experienced and extremely skilled), please rank your experience and skills in the following areas:** |
| **Emergency Response:**  Choose an item.  | **Verbal Communication:** Choose an item. |
| **First Aid:** Choose an item. | **Written Communication:** Choose an item. |
| **Computer Skills:** Choose an item. | **Interpersonal Skills:** Choose an item. |
| **Customer Service:** Choose an item. |  |
| **QUESTIONS OR COMMENTS** |
| Click here to enter text. |
| FOR LAWA EMPLOYEES – SUPERVISORY APPROVAL |
| I am aware that the above employee would like to be on the LAWA Airport Response Team and approve his/her participation in training and during incidents and emergencies. |
| **Supervisor (print):** Click here to enter text. |   |
| **Supervisor signature:**  | **Date:** Click here to enter a date. |
| FOR NON-LAWA EMPLOYEES – SUPERVISORY APPROVAL |
| I am the supervisor for the above employee who is a consultant/contractor for Los Angeles World Airports. I understand that this employee would like to be on the Airport Response Team and I approve his/her participation in training and during incidents and emergencies. |
| **Company Name:** Click here to enter text. |
| **Authorized Agent/Supervisor (print):**Click here to enter text. |
| **Supervisor Signature:** | **Date:**Click here to enter a date. |
| **Please submit completed application to:** **airportresponseteam@lawa.org** |
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